

An Introduction to the CAHPS Ambulatory Care Surveys

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Ambulatory CAHPS Team



Ambulatory CAHPS is a collaborative effort

- AHRQ, CMS
- American Institutes for Research (AIR)
- Harvard Medical School
- RAND Corporation
- Westat

CAHPS Ambulatory Care Surveys



- CAHPS Health Plan Survey
- CAHPS Clinician and Group Survey

Survey Tools: Assess Care at 3 Levels

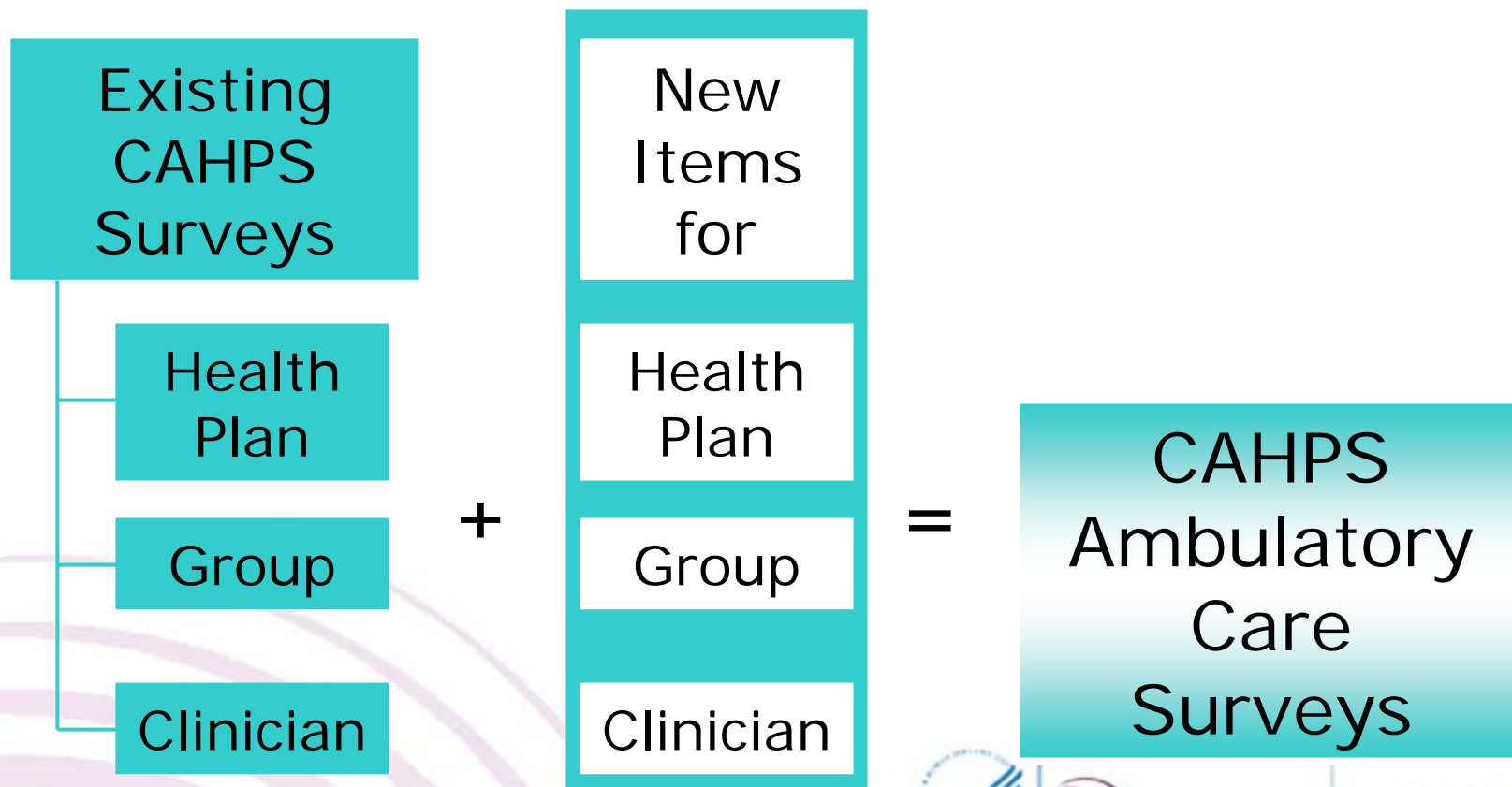
Health Plans

Group
Practices

Clinicians



A-CAHPS Draws Heavily on CAHPS 3.0



Revising Health Plan CAHPS



- Why change CAHPS 3.0?
 - To include topics and items directly attributable to health plans
 - Expand range of relevant health plan topics but not length
 - More flexibility to assemble surveys according to market characteristics
- Key stakeholder input:
 - NCQA, CMS, URAC

Revising Medical Group CAHPS



- Why change existing medical group survey?
 - Growing demand for measures at the group and clinician level
 - Need for questions and survey methods appropriate for quality improvement (QI)
- Key stakeholder input:
 - PBGH, ICSI, AMGA, MGMA

Important Features Remain



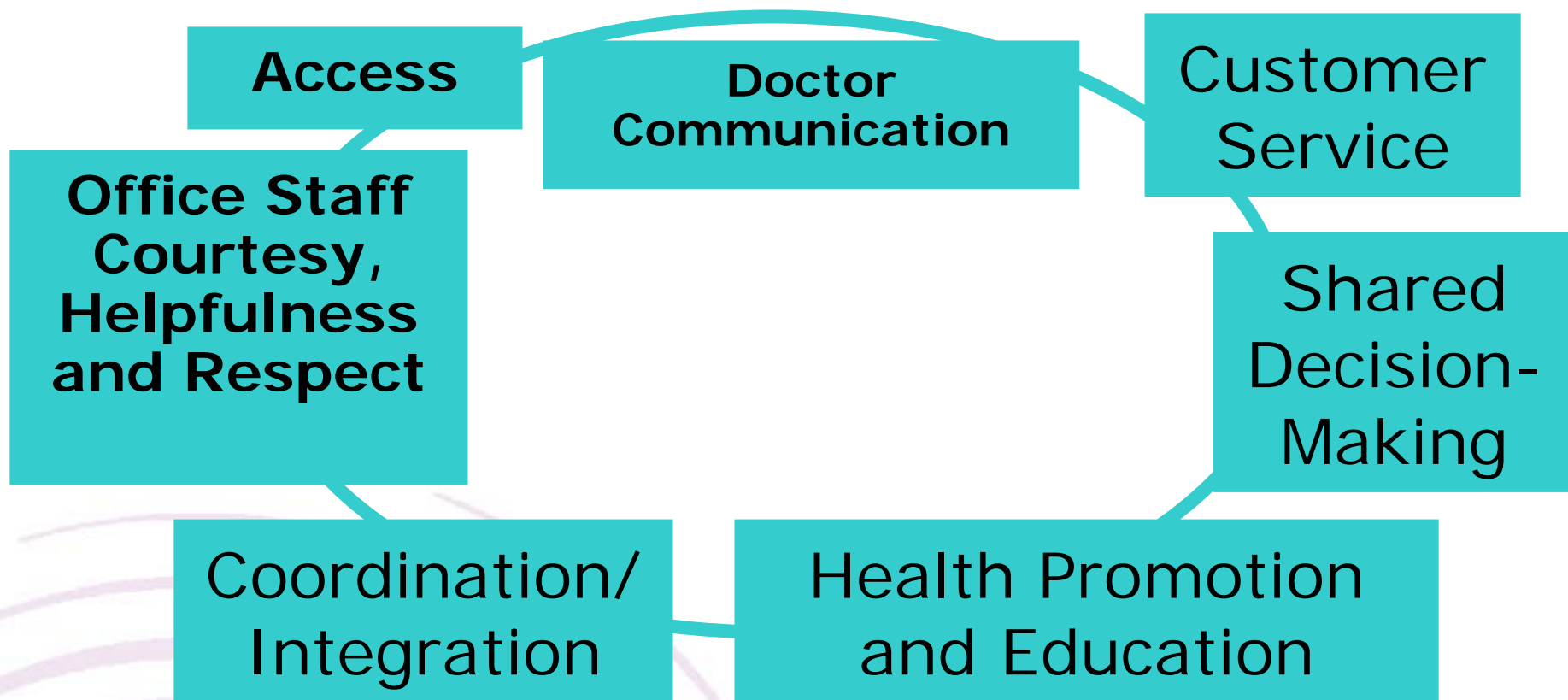
■ Set of Core Measures

- To construct valid composites
- To ensure comparability of results across users
- To facilitate benchmarking

■ Pool of Supplemental Measures

- To collect more detailed information on topics of interest
- To provide data for quality improvement

Ambulatory Surveys to Cover Seven Domains



CAHPS Health Plan Survey

San Keller, PhD



4.0 Changes: Shorter Core Survey



| Topics | CAHPS 3.0 | HP Core 4.0 |
|-------------------------------|-----------|-------------|
| Sample Confirmation | 3 | 2 |
| Access – Getting care quickly | 5 | 2 |
| Access – Getting needed care | 10 | 9 |
| Personal Doctor | 7 | 5 |
| <i>Clinic Staff</i> | 2 | -- |
| Customer Service | 2 | 3 |
| <i>Plan Information</i> | 2 | -- |
| Paperwork | 2 | 2 |
| Global rating: Personal Dr | 1 | 1 |
| Global rating: Specialist | 1 | 1 |
| Global rating: Health care | 1 | 1 |
| Global rating: Health plan | 1 | 1 |
| About you | 10 | 12 |
| Total | 47 | 39 |

4.0 Changes: Wording

“How much of a problem” response set changed to “How Long”

In the last 12 mos, how much of a problem, if any, was it to get the care... you or a doctor believed necessary?

- ☐ A big problem
- ☐ A small problem
- ☐ Not a problem

In the last 12 mos, how often were you able to get the care... you or a doctor believed was necessary?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

4.0 Changes: Definition of Personal Doctor was Revised



Old:

a personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant. Do you have one person you think of as your personal doctor or nurse?

New:

Your personal doctor is the one you usually see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

Steps in Development of CAHPS Health Plan Survey 4.0



1. Review core with stakeholder group
2. Receive suggestions for additional content
3. Review suggestions & create content using or modifying existing CAHPS questions or drafting new questions
4. Review additional questions with stakeholder group

Steps in Development of CAHPS Health Plan Survey 4.0 (cont.)

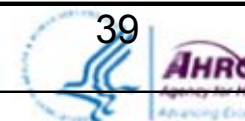


5. Cognitively test additional questions
6. Revise additional questions
7. Find field-testing partner
8. Analyze field test data
9. Review survey operations reports
10. Revise HP-CAHPS Core & stakeholder module and survey ops. based on field tests

NCQA Required vs. CAHPS HP Core 4.0



| Topics | NCQA Required | HP Core 4.0 |
|-------------------------------|------------------|-------------|
| Sample Confirmation | 3 | 2 |
| Access – Getting care quickly | 2 | 2 |
| Access – Getting needed care | 13 | 9 |
| Personal Doctor | 5 | 5 |
| Coordinon of Care | 2 | -- |
| Shared Decision Making | 3 | -- |
| Disease Prevention | 1 | -- |
| Plan Information | 9 | -- |
| Claims Processing | 3 | -- |
| Customer Service | 3 | 3 |
| Paperwork | 2 | 2 |
| Global rating: Personal Dr | 1 | 1 |
| Global rating: Specialist | 1 | 1 |
| Global rating: Health care | 1 | 1 |
| Global rating: Health plan | 1 | 1 |
| About you | 13 | 12 |
| Total | 63 | 39 |



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

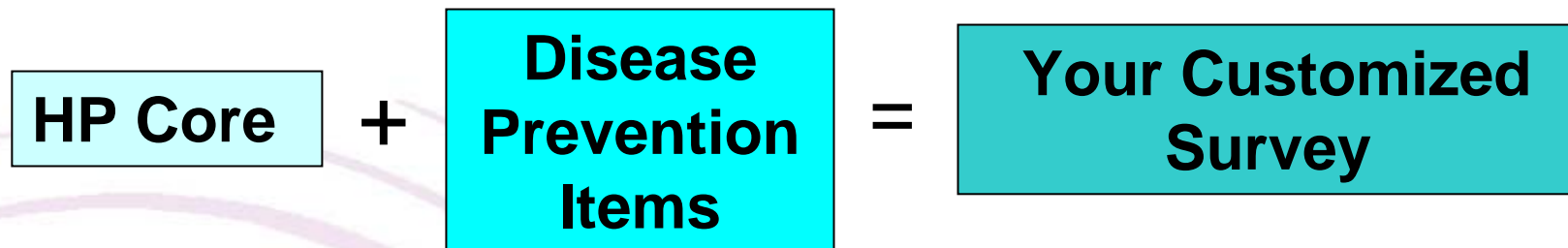
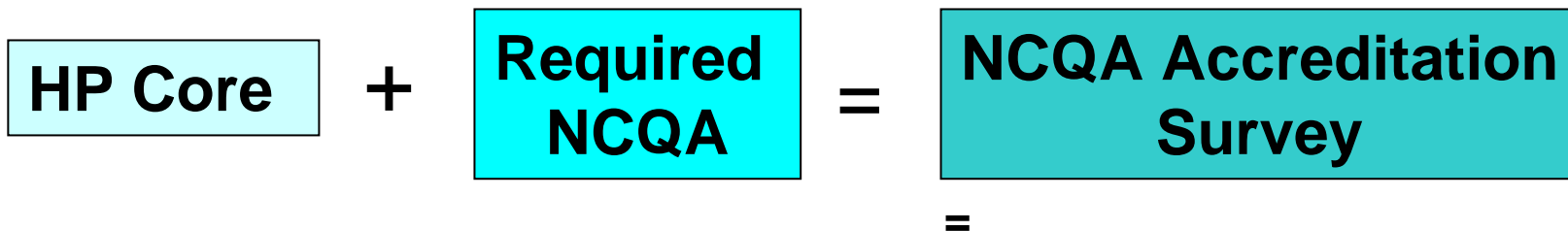


U.S. Department of Health and Human Services

Prepackaged Surveys Available for Ease of Use



Assembling a Health Plan Survey around the HP CORE 4.0



Planned Prepackaged



- Medicare
- Medicaid
- Commercial (Includes PPO)

CAHPS Clinician/Group Survey

Dana Gelb Safran, ScD



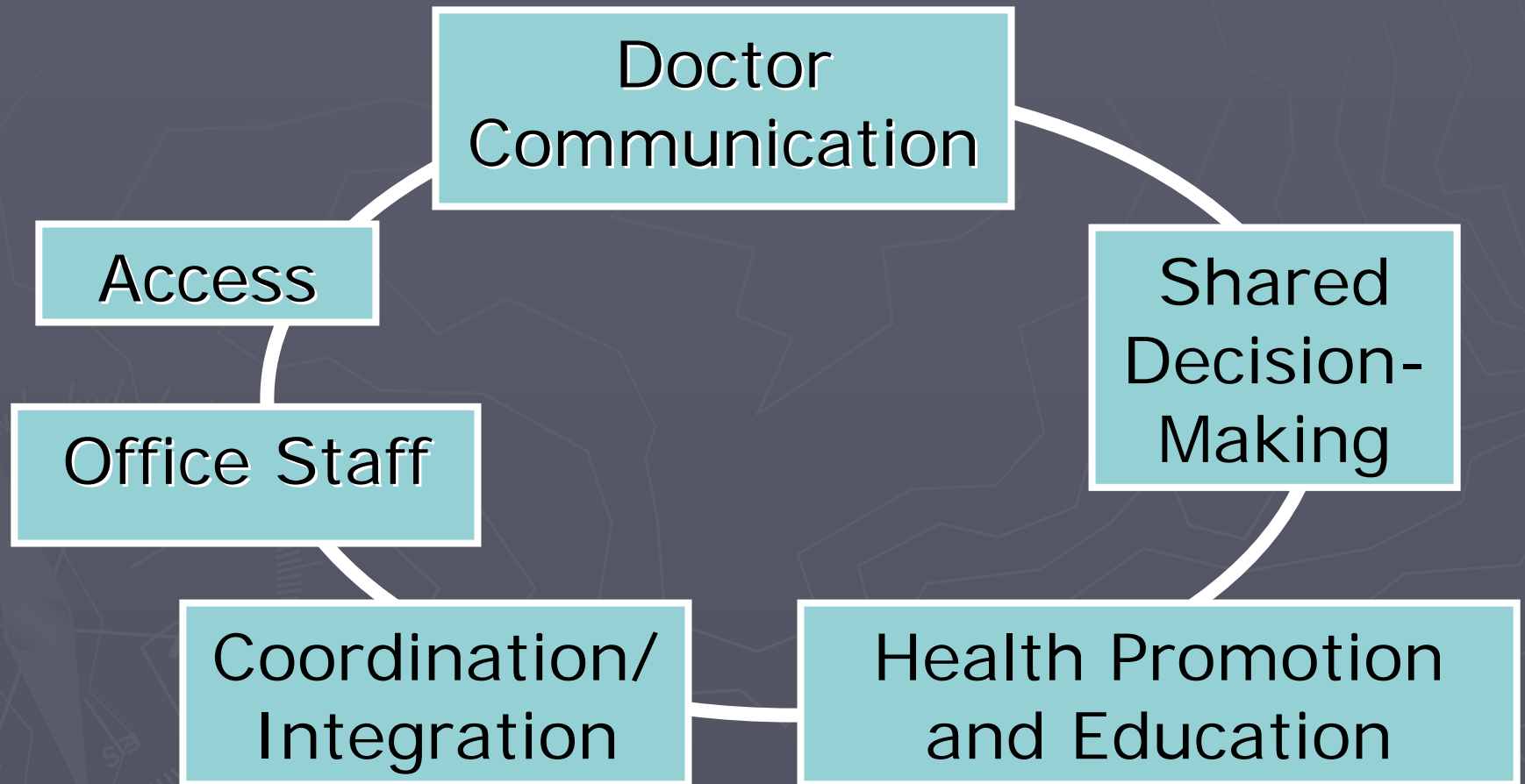
How Does the CAHPS[®] MD/Group Survey Differ from G-CAHPS?

- ▶ Similar “domains” of care are measured
- ▶ Some additional content and/or revised wording
- ▶ Principal difference is in the referent for survey items
 - A-CAHPS: Patient begins by confirming a specific, named physician
 - G-CAHPS: Patient begins by confirming a specific, named medical group

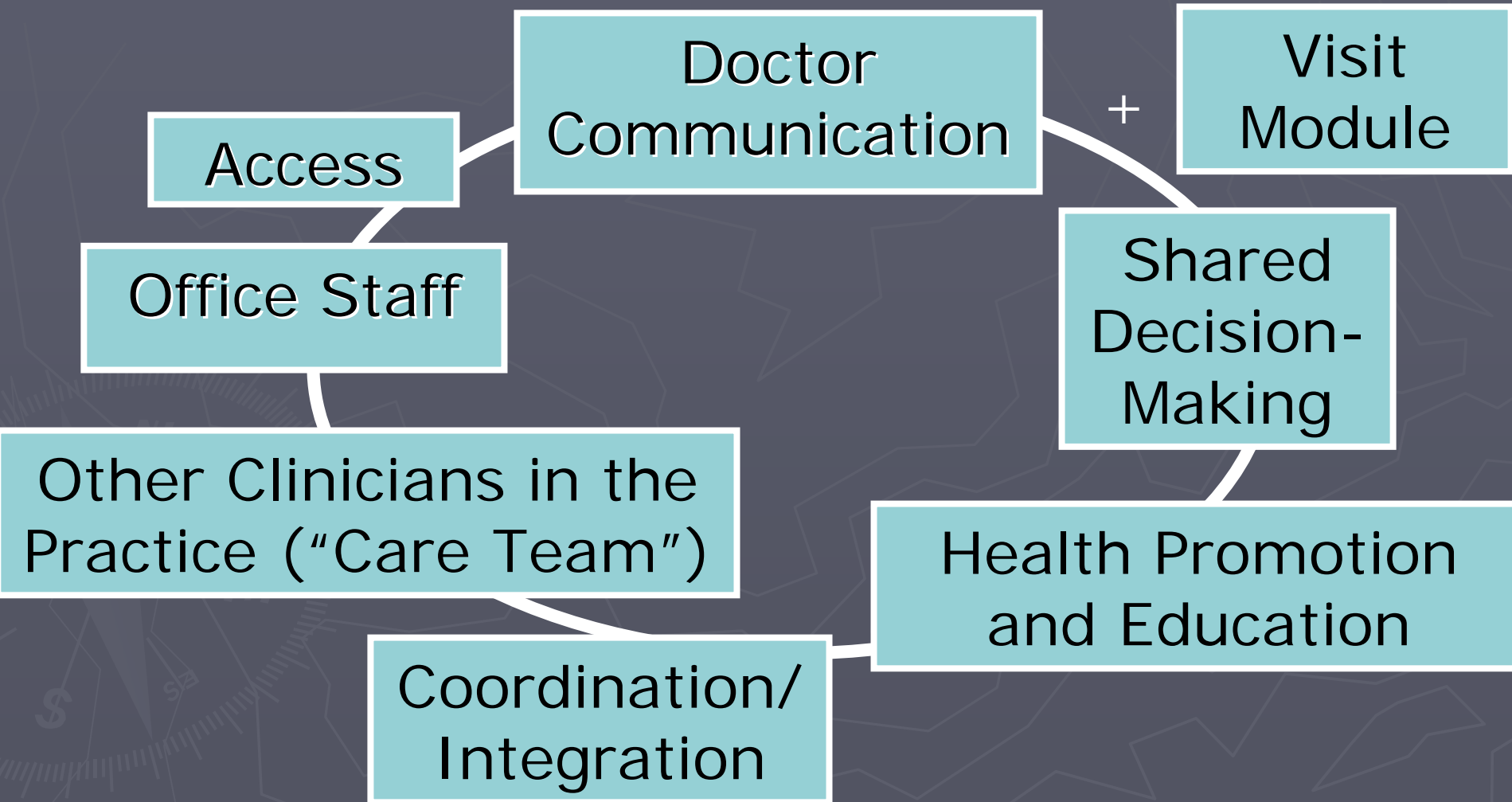
Comparison of the “Referent” for A-CAHPS vs. G-CAHPS Domains

| Domain | A-CAHPS | G-CAHPS |
|--------------------------------|-------------------------------|--------------------------------|
| Access | Your personal doctor's office | Your doctors' office or clinic |
| Office Staff | | |
| Communication | Your personal doctor | Doctors or other |
| Shared decision making | | providers |
| Health promotion and education | | Your personal doctor or nurse |
| Integration of care | | |

MD/Group Survey: Core Content



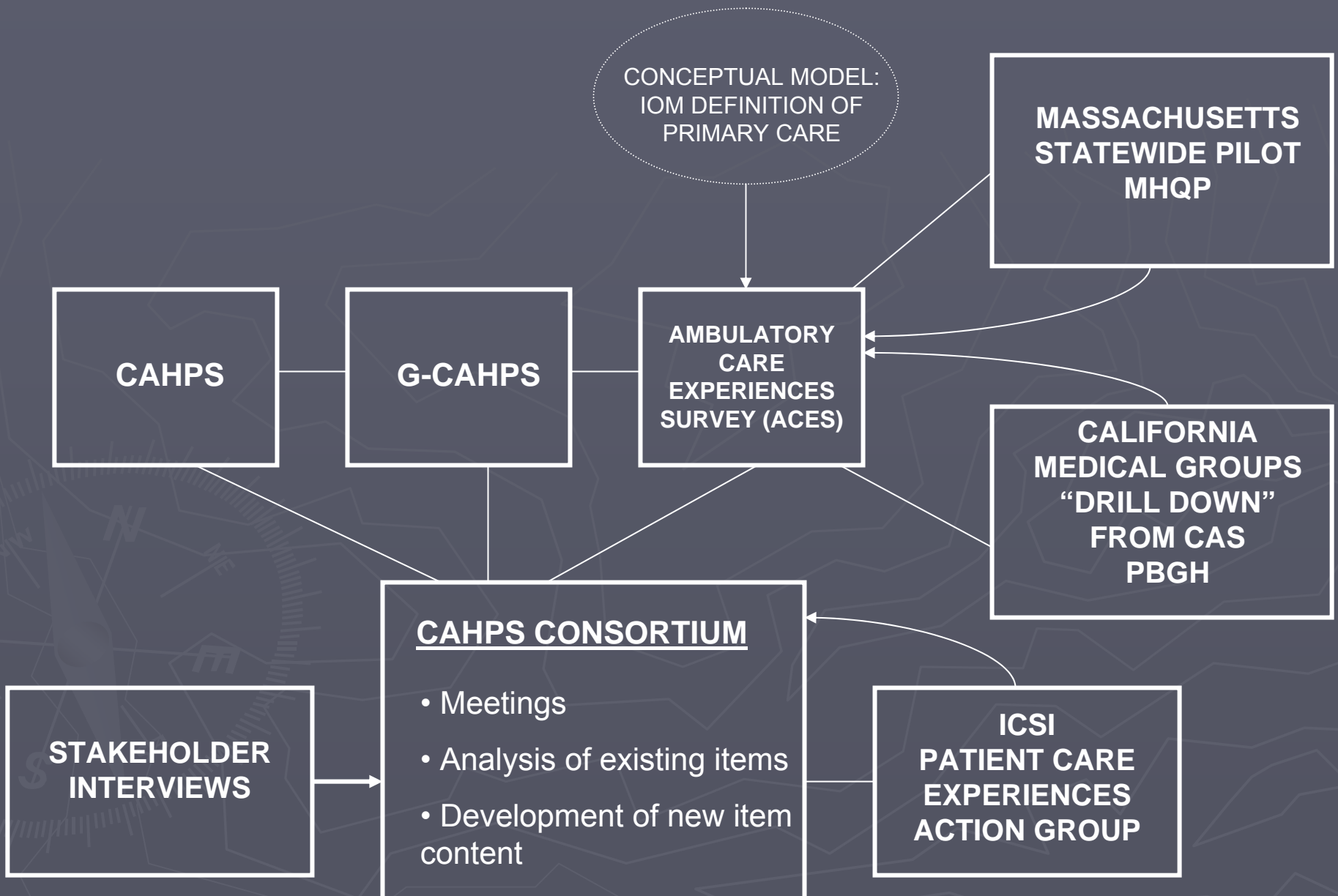
MD/Group Survey: Core & Supplemental Content



Why Measure Patient Experiences at the Individual MD Level?

- ▶ Large and growing demand
- ▶ Evidence of substantial variability at MD level
- ▶ Precise referent improves measurement quality
- ▶ Quality improvement activities facilitated by precise referent
- ▶ Evidence of high quality, highly reliable information at this level with sample sizes that are feasible

Development of CAHPS® MD/Group Survey



Development of CAHPS® MD/Group Survey

